

Official Farmington Community Garden Application for Raised Garden Bed

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number _____ Cell/Home/Work (circle one)

Emergency Number _____ Relationship _____

The cost of each raised bed is \$12 per year and there is a limit of up to 3 beds per household.

Number of Beds _____ X \$12.00 = \$ _____

_____ By initialing here you have read, understand, and agree to abide by the Rules and Regulations set forth for the Farmington Community Garden. You agree not to sell or trade produce and that all excess produce is intended for charities.

Do you have any experience with gardening? Yes / No

Number of family members: _____ Please list persons authorized to work in your garden plot below.

_____ Mail

Application along with payment to:

Farmington Community Garden, P.O. Box 1034, Farmington, MO 63640